

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	47-2914676	Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Olga Negron							
Street Address		1306 E 5th Street							
City	Bethlehem	State	PA	Zip Code	18015				

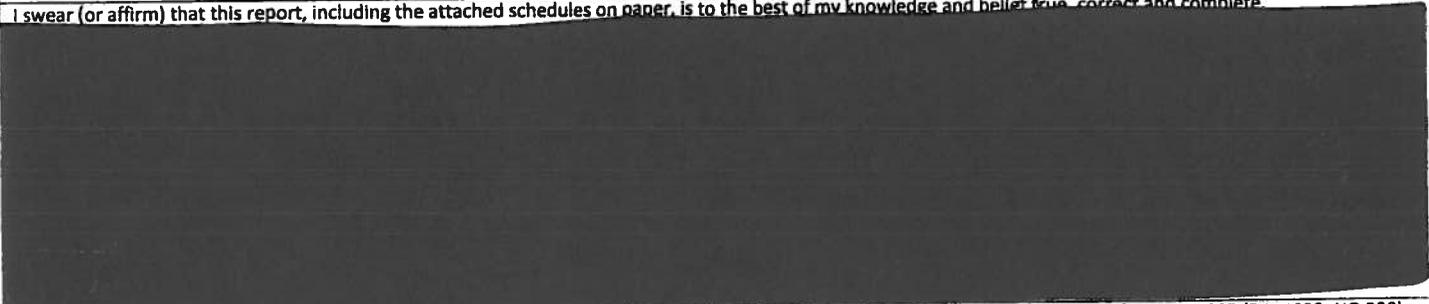
Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/19/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/05/2015	06/17/2015	
A. Amount Brought Forward From Last Report	\$	-0-	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-0-	
C. Total Funds Available (Sum of Lines A and B)	\$	-0-	
D. Total Expenditures (From Schedule III)	\$	-0-	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-0-	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.
 I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.



I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature

My Commission expires _____ MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

Commonwealth of Pennsylvania - Campaign Finance Report

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(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	47-2914676	Report Filed By (Mark X)		Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Olga Negron							
Street Address		1306 E 5th Street							
City	Bethlehem	State	PA	Zip Code	18015				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/19/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		05/05/2015	
A. Amount Brought Forward From Last Report	\$	3,228.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	825.00	
C. Total Funds Available (Sum of Lines A and B)	\$	4,053.00	
D. Total Expenditures (From Schedule III)	\$	3,948.82	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	104.18	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-	

Affidavit Section

Part 1- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Part 2- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief this report is true, correct and complete.

My signature: _____ Date: _____ Title: _____ Daytime Telephone Number: _____

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	47-2914676
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	525.00
All Other Contributions (Part B)	\$	300.00
Total for the reporting period	(2)	\$ 825.00

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 0

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period	(4)	\$ 825.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 825.00

PART A

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Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

File Identification Number	47-2914676
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							Amount	
Full Name of Contributing Committee		Friends of Bob Donchez			Date [MM/DD/YYYY]	\$	150.00	
					05/04/15			
House #	Street Address		377 Devonshire Dr		Date [MM/DD/YYYY]	\$		
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Friends of John Callahan			Date [MM/DD/YYYY]	\$	250.00	
					05/11/2015			
House #	Street Address		PO Box 1403		Date [MM/DD/YYYY]	\$		
City	Bethlehem	State	PA	Zip Code	18016	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Friends of Julio Guridy			Date [MM/DD/YYYY]	\$	125.00	
					05/14/2015			
House #	Street Address		1029 North 14th St		Date [MM/DD/YYYY]	\$		
City	Allentown	State	PA	Zip Code	18102	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	47-2014876
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Full Name of Contributor		Christian Perrucci			Date [MM/DD/YYYY]	\$	200.00
					05/11/2015		
House #		Street Address	1816 Maple St		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Santiago Rivera			Date [MM/DD/YYYY]	\$	100.00
					05/16/2015		
House #		Street Address	PO Box 205		Date [MM/DD/YYYY]	\$	
City	Hellertown	State	PA	Zip Code	18055	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	47-2914676
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Full Name	Staples						
House #	Street Address	2138 W. Union Blvd					
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$ 404.37
Receipt Description		Copies palm cards					

Full Name	Wawa						
House #	Street Address	741 E. Broad St					
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$ 36.00
Receipt Description		gasoline					

Full Name	C-Town Supermarket						
House #	Street Address	E. Third St					
City	Bethlehem	State	PA	Zip Code	18015	Date [MM/DD/YYYY]	\$ 24.13
Receipt Description		food for election party					

Full Name	Giant Supermarket						
House #	Street Address	2174 W. Union Blvd					
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$ 15.12
Receipt Description		food for election party					

Full Name	Rudy's/Gulf						
House #	Street Address	Stefko Blvd					
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$ 25.00
Receipt Description		gasoline					

Full Name	Wawa						
House #	Street Address	741 E Broad St					
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$ 69.13
Receipt Description		gasoline					

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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	47-2914676
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Full Name	Party City						
House #	Street Address	2404 Catasaguan Rd					
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$ 30.88
Receipt Description	Items for election party						
Full Name	H Street Strategies						
House #	Street Address	840 W Hamilton St Ste 321					
City	Allentown	State	PA	Zip Code	18101	Date [MM/DD/YYYY]	\$ 500.00
Receipt Description	Window & yard signs						
Full Name	Valley Family Restaurant						
House #	Street Address	Stefico Blvd					
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$ 38.65
Receipt Description	Thank you breakfast Pat & Jack Burke						
Full Name	Bethlehem Postal Services						
House #	Street Address	535 Wood St					
City	Bethlehem	State	PA	Zip Code	18016	Date [MM/DD/YYYY]	\$ 29.40
Receipt Description	stamps						
Full Name	Dollar Tree Stores						
House #	Street Address	2124 W. Union Blvd					
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$ 14.78
Receipt Description	Thank you cards						
Full Name	The Morning Call						
House #	Street Address	101 N Sixth St					
City	Allentown	State	PA	Zip Code	18101	Date [MM/DD/YYYY]	\$ 506.72
Receipt Description	advertisement						

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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	47-2914676
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Full Name		Malta Ortiz					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description		Poll Worker					

Full Name		La Ola Radio					
House #	Street Address						
City	Allentown	State	PA	Zip Code	18103	Date [MM/DD/YYYY]	\$ 300.00
Receipt Description		Radio Commercial					

Full Name		Wawa					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$ 28.00
Receipt Description		gasolin					

Full Name		Northampton County Voting Registration Off					
House #	Street Address						
City	Easton	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 3.25
Receipt Description		copies of Report					

Full Name		Staple					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$ 11.89
Receipt Description		copies flyer					

Full Name		Reys Notary					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	18015	Date [MM/DD/YYYY]	\$ 20.00
Receipt Description		Notarized Report					

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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	47-2914676
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Full Name		Angel Cruz					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	120
Receipt Description		Poll-Worker					
Full Name		Juan Abreu					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	100.00
Receipt Description		Poll-Worker					
Full Name		Martha Abreu					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	100.00
Receipt Description		Poll-Worker					
Full Name		Melinda Niever					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	50.00
Receipt Description		Poll-Worker					
Full Name		Josue Ortiz					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	50.00
Receipt Description		Poll-Worker					
Full Name		Robert Davis					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	50.00
Receipt Description		Poll-Worker					

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	47-2914676
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Full Name		Jose Marrero					
House #	Street Address						
City	Bethlehem	State	Zip Code	Date [MM/DD/YYYY]	\$	50.00	
Receipt Description							
Poll-Workers							
Full Name		Lorna Medina					
House #	Street Address						
City	Bethlehem	State	Zip Code	Date [MM/DD/YYYY]	\$	50.00	
Receipt Description							
Poll-Workers							
Full Name		Lois Winter					
House #	Street Address						
City	Bethlehem	State	Zip Code	Date [MM/DD/YYYY]	\$	50.00	
Receipt Description							
Poll-Workers							
Full Name		Amanda Patrick					
House #	Street Address						
City	Bethlehem	State	Zip Code	Date [MM/DD/YYYY]	\$	50.00	
Receipt Description							
Poll-Workers							
Full Name		Lidia Gonzalez					
House #	Street Address						
City	Bethlehem	State	Zip Code	Date [MM/DD/YYYY]	\$	50.00	
Receipt Description							
Poll-Workers							
Full Name		Kim Stevens					
House #	Street Address						
City	Bethlehem	State	Zip Code	Date [MM/DD/YYYY]	\$	50.00	
Receipt Description							
Poll-Workers							

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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	47-2914676
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Full Name	Teresa Rodriguez						
House #	Street Address						
City	Bethlehem	State		Zip		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description	Poll-Worker						

Full Name	Julio Rivera						
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description	Poll-Worker						

Full Name	Ashley Kinder						
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description	Poll-Worker						

Full Name	Ingrid Martinez						
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description	Poll-Worker						

Full Name	Juanita Marshall						
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description	Poll-Worker						

Full Name	Lycia Weatherpoon						
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description	poll-Worker						

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:		47-2914676					
Full Name		Ralph Jordan					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	50.00
Receipt Description		Poll-Worker					
Full Name		Joffre Casal					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	50.00
Receipt Description		Poll-Worker					
Full Name		Doris Pacheco					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	50.00
Receipt Description		Poll-Worker					
Full Name		Ninoska Rosado					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	50.00
Receipt Description		Poll-Worker					
Full Name		Jose Renta					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	50.00
Receipt Description		Poll-Worker					
Full Name		Ricardo Martinez					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	40.00
Receipt Description		Poll-Worker					

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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	47-2914676
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Full Name		Fleniberto Rosado					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description		Poll-Worker					

Full Name		Milagros Negrón					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description		Poll-Worker					

Full Name		Jesemia Narvaez					
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description		Bartender at Party Celebration @ PR Club					

Full Name		Luis Pérez					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description		Poll-Worker					

Full Name		Juan Rivera					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description		Poll-Worker					

Full Name		Roy Ortiz					
House #	Street Address						
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$ 50.00
Receipt Description		Poll Worker					

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	47-2914676
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Full Name		David Gonzalez					
House #	Street Address						
City	Bethlehem	State	Zip Code	Date [MM/DD/YYYY]	\$	20.00	
Receipt Description							
Poll-Worley							

Full Name		PNC Bank						
House #	Street Address							
City	Bethlehem	State	PA	Zip Code	18015	Date [MM/DD/YYYY]	\$	29.50
Receipt Description								
Bank service fee								

Full Name		City of Bethlehem						
House #	Street Address							
City	Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$	120.00
Receipt Description								
Financial Report late fee								

Full Name		City					
House #	Street Address						
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description							

Full Name							
House #	Street Address						
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description							

Full Name							
House #	Street Address						
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description							